STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH BUREAU OF REGULATORY SERVICES

In re: Donna Harvey-Porto

Petition No. 990908-028-002

REINSTATEMENT CONSENT ORDER

WHEREAS, Donna Harvey-Porto of Pensacola, Florida (hereinafter "respondent") has applied

for reinstatement of her license to practice as a radiographer by the Department of Public Health

(hereinafter "the Department") pursuant to Chapter 376c of the General Statutes of Connecticut.

as amended; and,

WHEREAS, respondent agrees that:

1. On October 27, 1995, the Department issued respondent license number 002807 to practice

the occupation of radiographer under the General Statutes of Connecticut, Chapter 376c.

Respondent's radiographer license number 002807 lapsed on September 30, 1996. On

April 29, 1997, the department revoked respondent's radiographer license number 002807,

on the ground that respondent had violated a prelicensure consent order by submitting a

urine sample that was positive for oxazepam, a controlled substance for which she had no

prescription.

2. The conduct described above constitutes grounds for the denial of respondent's application

for licensure pursuant to §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, respondent

hereby stipulates and agrees to the following:

1. Respondent waives the right to a hearing on the merits of her application for licensure.

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- 2. After satisfying the requirements for licensure as a radiographer as set forth in Chapter 376c of the General Statutes of Connecticut, respondent's license to practice as a radiographer will be issued.
- 3. Respondent's license to practice as a radiographer in the State of Connecticut shall, immediately upon issuance, be placed on probation for three years. If respondent commences practice in Connecticut at any time during or after the three year period, her license shall be under probation for a period of three years from the date when she commences said practice, under the following terms and conditions:
 - A. Respondent shall not obtain or use controlled substances, legend drugs or alcohol in any form unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications.
 - drugs and alcohol, in accordance with the Department Requirements for Drug and Alcohol Screens which are current at that time, at a testing facility approved by the Department. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by the testing laboratory. All such observed random drug and alcohol screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.
 - (2) She shall be responsible for notifying the laboratory and the Department of any drug(s) she is taking.
 - (3) There must be at least one such observed random alcohol/drug screen and accompanying laboratory report every week for the first year of probation; and

- at least two such screens and reports every month for the remainder of the probationary period.
- (4) All screens shall be negative for the presence of drugs and alcohol.
- (5) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
- (6) Respondent is hereby advised that the ingestion of poppy seeds and mouthwash has, from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances or mouthwash during the term of this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol, respondent agrees that the ingestion of poppy seeds and/or mouthwash shall not constitute a defense to such a screen.
- B. Respondent shall be responsible for the provision of written reports directly to the Department from her employer monthly for the duration of her probation. Employer reports shall include documentation of respondent's ability to safely and competently practice radiography, and shall be issued to the Department at the address cited in paragraph 8 below.
- C. Respondent shall not work as a radiographer in Connecticut until she has supplied documentation to the Department at the address cited in paragraph 8 below of her current certification by ARRT.
- 4. Respondent shall comply with all state and federal statutes and regulations applicable to her license, including the statutes and regulations of any state in which she practices.

- 5. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
- 6. Respondent shall notify the Department of any change(s) in her home and/or business address within fifteen (15) days of such change.
- 7. Any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department in its discretion to immediately deem respondent's radiographer license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the rescission of the license shall be sent by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.
- 8. That correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, Connecticut 06134-0308

- 9. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
- 10. Respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut

- Department of Public Health Hearing Office in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-74aa of the Connecticut General Statutes, as amended, is at issue.
- This Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum.

 Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
- 12. This Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
- 13. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
- 14. Respondent understands this Prelicensure Consent Order is a matter of public record.
- 15. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

I, Donna Harvey-Porto have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

Donna Harvey-Porto

Subscribed and sworn to before me this 87H day of DEC. 1999.

Notary Public or person authorized by law to administer an oath or affirmation 11/02/03

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the _______ day of _______ day of _______ day of _______ 1999, it is hereby ordered and accepted.

Kathleen Zarrella, Director

Division of Health Systems Regulation

dmt/porto

STATE OF CONNECTICUT



DEPARTMENT OF PUBLIC HEALTH

April 7, 2003

Donna Harvey-Porto, Radiographer 2600 Michigan Avenue, # 216C 'Pensacola, Florida 32526

Re:

Reinstatement Consent Order Petition No. 990908-028-002

License No. 002807

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Dear Ms. Harvey-Porto:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective December 20, 2002.

Please notify this Department if you ever return to the State of Connecticut and commence practicing as a radiographer. In such event, your license will be monitored for an additional three (3) year period.

Notice of the above shall be sent to the Department's Licensure and Registration section.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Very truly yours,

Bonnie Pinkerton, RNC

Division of Health Systems Regulation

CC:

J. Filippone



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
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